



Hospital in the Home Society of Australasia

Position Statement

Definition of Hospital in the Home

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## **Preamble**

The Hospital in the Home (HITH) Society of Australasia is the peak independent organisation for HITH within Australasia. It is an independent, volunteer, not-for-profit member-based organisation. It seeks to evaluate and improve the delivery of hospital-level care in the home. The Society defines HITH for the purpose of care comparability; for a common level of understanding between clinicians, funders and health systems; and as a basis for research, education and the training of future HITH clinicians.

## **Definition of Hospital in the Home**

HITH is acute inpatient equivalent care, utilising highly skilled staff, hospital technologies, equipment, medication, and safety and quality standards, to deliver hospital-level care within a person's place of residence or preferred (non-hospital) treatment location.

## **Requirements**

HITH services (in the Australasian context) are:

- subject to equivalent accreditation, regulatory and governance requirements as hospital-level care
- directed by suitably qualified clinicians for an episode of care
- available 24 hours a day, 7 days per week, with regard to clinical and consumer care escalation, governance, and access to the HITH service
- responsible for all care components required within that acute episode of care (including but not limited to all medical, nursing, allied health, observation, diagnostics and treatment) and responsive to variances in clinical condition at all times

Without HITH, a patient's care needs would have to be met within a hospital environment.

## **Other Types of Care**

HITH is not exclusively

- outpatient only care (such as Outpatient Parenteral Antibiotic Therapy (OPAT); self-administered intravenous (IV); or similar programs)
- hospital avoidance or prevention programs (such as Hospital Admission Risk Programs (HARP), residential in-reach or similar)
- a chronic disease treatment/maintenance program
- hospital day-ward (on-site) treatment only
- primary care (GP home visit or equivalent in-home attendance)
- community nursing, personal care or similar
- a community palliative care program (but may be used as part of end of life care or high acuity palliative care where patient would otherwise require hospital care)
- a virtual care program (although virtual care modalities such as remote monitoring and/or video conferencing may be used as part of a HITH service, but not as an entire substitute for HITH care)

All these types of care have significant merit and may be able to provide high quality care within their constructs, but in isolation they are not HITH. Patients already participating in one of these programs may be provided with HITH care when their needs escalate to require expanded or acute hospital-level whole-person care if it can be safely delivered in their place of residence.

There may also be patients cared for by a HITH service who are unsuitable for in-home visits for reasons of staff or patient safety, and/or patient preference. These patients may receive on-site care at the HITH clinical base without in-home visits. These episodes of care should be infrequent and not the norm.

### **Consent to treatment**

All patients should have documented consent to treatment via HITH. All patients should be allowed to withdraw consent to HITH, and be returned to traditional hospital ward-based care if they withdraw consent for HITH.

### **Outcomes measurement**

HITH services should measure validated outcome measures such as

- Length of Stay
- Unplanned transfer to emergency department or bed-based care during the HITH episode
- Unplanned mortality during the HITH episode
- 30 day readmission rates (same DRG / different DRG)
- 30 day mortality
- Patient and carer satisfaction

Other measures may include

- Disease specific outcomes
- Severity scoring
- Complications
- Unscheduled communication (phone calls both clinical and administrative)

Return to hospital for investigations, procedures and planned specialist reviews are not unplanned returns to hospital based care.